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BIB DATA SHEET

									CONFIRMATION NO. 1747			
SERIAL NUMBER FILING or 37			371(c)	CLASS GRO			OUP ART UNIT		ATTORNEY DOCKET			
10/580,41				514			1617		NO. Q94782			
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	ayashi, (Chuo-ku, JAP nuo-ku, JAPA										
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** FOREIGN A JAPAN 2		TIONS ****** 0137 11/20/20		******								
** IF REQUIRE 04/10/20		EIGN FILING	LICENS	E GRA	NTED **							
Foreign Priority claimed Yes No Support No Support No Support No No Support No No No No Allowance				ter	STATE OR COUNTRY		SHEETS TOT			INDEPENDENT CLAIMS		
Verified and /JENNIFER MYONG M KIM/ Acknowledged Examiner's Signature Initials			ince	JAPAN		2	7		2			
ADDRESS												
SUITE 8	NNSYL\ 00 GTON,	ÁNIA AVENI DC 20037	JE, N.W.									
TITLE												
Agent for	treating	chronic pelv	ic pain sy	ndrome)							
	FEES: Authority has been given in Paper No to charge/credit DEPOSIT ACCOUNT No for following:						☐ All Fees					
							☐ 1.16 Fees (Filing)					
FILING FEE RECEIVED						NT [☐ 1.17 Fees (Processing Ext. of time)					
1260							☐ 1.18 Fees (Issue)					
							Other					
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